MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11/10/ MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		LIGITO			10/12 2/2/11/11			J. D			エルゴ	UN	
		PLACE OF DEATH					2. USUAL RESIDENC	E (Where deceo	sed lived, if institu	ution: Resider	ce before	odmissio	n) /
		o. COUNTY	rrett		MARYLA	ND	o. STATE	. Va.	b. CO	Mond	nga	lia	/
			outside corporate limit	5.	c. LENGTH OF STAY IN		c. CITY OR TOWN (I		ote limits, write R	URAL and giv	e negrest	town)	
		write RURAL and	give neorest town)	,	Minnehoo			rganto		3"	0		
	-		kland L OR INSTITUTION (If no	A in bossital	Minutes		d. STREET ADDRESS	ganto	AA TT		3 -	IS RESID	ENICE
a								-				ON A FA	RM?
7			ett Co. Me				Rt.	7					NO X
		NAME OF DECEASED		rst	Middle		Lost	4. DATE OF	Moi	nth 26th	Doy	Yea	16
		(Type or print)	Willia	m	David		Barker	DEATH				196	
	S. :	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9	O. AGE (In years lost birthday)	IF UNDER Months		F UNDER Hours	Min.
		Male	White	WIDOWED	DIVORCED		Dec. 16,	1946	19 yrs.	monnis	5075	110013	1711111.
	10o.	USUAL OCCUPATION	(Give kind of work done		IND OF BUSINESS OR		11. BIRTHPLACE (St	ote or foreign c	ountry)		TIZEN OF W	/HAT	
	duri	ng most of working li	te, even it retired)		DUSTRY Service		Morgan	town.	W. Va.	113	UNTRY?		
	-	FATHER'S NAME					14. MOTHER'S MAID						
		Wil	liam P. H	Barker	.Ir		Ruth	Davis					
	15.		IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17.	NFORMANT	Davis	Add	ress			
П	(Ye	s, no, or unknown) (If yes give war or dotes o	f service)	34-72-5813	Jan	740- 1	Desiles	T	3.6			7.7
	H	yes	A 7714 (F.)			N. J.	liam P.	barke.	g, Jr.	Morga		VAL BETY	Wa
		PART I. DEATI	ATH (Enter only one cou H WAS CAUSED BY:	se per line for	(o), (b), ond (c).)	1		ivo			ONSET	AND DE	
		2554	IMMEDIATE CAUSE		othorax, bi.	Late	eral, mass	TAR	_		Minu	tes	-
		6 10 3	DUE			1.2	Lamada				Minu	toc	
		Conditions, if ony, rise to immediate	couse (a)		tured lung,	O.L.	Laterar				ILLIIG	.005	
		stoting the underl									3/6 200	+	
		lost.)		ctured ribs						Minu		
2	z				TO DEATH BUT NOT RELATI	ED TO	THE TERMINAL DISEASE	CONDITION GIVE	N IN PART 1(o)		19. W	AS AUTO RFORME	DS.
6	CERTIFICATION	Fractu	red left t								y _{ES} 2		10
	Ħ	20o. EXTERNAL CAL	ISE WAS	20b. DE	SCRIBE HOW INJURY OCCU	JRRED.	(Enter noture of injury	in Port I or Por	t II of item 1B.)	-			
	ER	PRIMARY For CON CAUSE OF DEATH.	IKIRUTING L	In	auto accide:	nt 1	J. S. Rt.	50 4 mi	W. of M	. Sto	rm, W	• Vá	i.
	MEDICAL	20c. TIME OF INJUI	RY Month, Doy, Year	20d. II	NJURY OCCURRED 0 20	De. PLA	CE OF INJURY (Home, f	farm, 20f.	(City or town)	(Co	unty)	(5	tote)
	MED	House	8-26-66 19	While	Not While H	foct	ory, street, office bldg.,	etc.) Rur	al) Mt.	Storm	Gran	it W.	.Va.
3					noins described above					uiry X,		n my o	
		1.	/	_	Accident A		ide , Homici		ndetermined r	, ,	ן מווט	i iliy o	pinion
		dedili lesolii	ru monn. Nonne	I conses	, Accident ty,	JUIC		CAL EXAMINER		nonner [_	J		
		ACTUAL /	in 1de	Te	Ton 12. 4	-0		MEDICAL EXAMIN			22.	DATE S	IGNED
		STOWATURE /			- //		- 111.D.	DICAL EXAMINER	enem				
		NAME (Type)	James H. F	'easter	, Jr., M. D	•			or county Dak	hael	Md. 8	-27	-66
	230	. BURIAL, CREMATION	N. 23b. DATE THE	REOF	23c. NAME OF CEMETE	RY OR			CATION (City or T		(County)	(Sto	
	200	BEMOVAL (Specify)		4					` '		TaT	TTO	
	2/	_ FUNERAL DIRECTOR		00	Lawnwood	ve		EC'D BY REGISTE	rgantow PAR 1256 R	REGISTRAR'S S	IGNATURE	Va.	
	6	y /	ming of	mi.l.	Oakland,	Mo						11	
-	Z	perala 1	11. 11 un	nien	vaklanu,	rid r	y Land DATE	WLI 6	1966	yclia	rely	Jud	1h

VR A15ME (5) 6M 1/66

FOR STATE

the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

5 may be retained far yaur files. **TO FUNERAL DIRECTOR:** Page 3 shauld be used as a burial-transit permit. File Health ar its designated agent, priar ta burial, crematian, ar remaval, and

necessary, please execute the certificate, writing the ward "pending"

TO DEPUTY MEDICAL EXAMINER:

in pencil in Item 18. Give Pages 1, 2, and 3 ta

This certificate shauld be executed within 24 haurs after death. If

any delay is

pages 1 and 2 with the State Department of

event within 72 haurs after death.

4 6 8 8

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11411 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE b. COUNTY Garrett Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b write RURAL and give negrest town) 6 days Mt. Lake Park d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Garrett County Memorial Hospital 105 East Third Avenue YES NO DE Middle Last 4 DATE Eva Daisy Beckman (Type or print) DEATH August 11th . 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Jast birthday) Months Female White WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? Home Terra Alta 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Forman Margaret Feather 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates af service) 20-16-6528 Russell T. Beckman see# above 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Cardiac decompensation ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO (h) Arteriosclerotic cardiovascular disease Years DUF TO 19. WAS AUTOPSY PERFORMED? NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.)

Conditions, if ony, which gove rise to immediate cause (o). stating the underlying cause last

a. CDUNTY

NAME OF

DECEASED

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

at wark

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year

Hour a.m.

20d. INJURY OCCURRED Not While

20e, PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.)

and that death accurred at

ATTENDING

(City or town)

(State) (County)

19___, that (I) (Te) last

(State)

21. I certify that (1) (this haspital) attended the deceased from Jan. saw the deceased alive an 22o. SIGNATURE

M.D.

MED. DIRECTOR

STAFF

23d. LOCATION (City or Town)

22b. DATE SIGNED 8-11-66

M. fram causes and an the date stated above

22c. PHYSICIAN'S NAME (Type)

CERTIFICATION

James M. Feaster, Jr., M. D.

at wark

22d. ADDRESS

104 S. 2nd. St., Oakland, Maryland

|--|

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY Co. Mem

ens 25g REC'D BY REGISTRAR

Oakland 2Sb. REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

Oakland. Md.

ADDRESS

AllG DATE

(County)

illed in by th papers. Paga hin 72 haurs d campletely filled within / remave carbon ev and in any and lease a ar remaval, attending phy permit. Then burial-transit pern burial, crematian, the signed by be retained by the haspital ar attending physician. this certificate has been the priar ta of Health p detached Dept. TO FUNERAL DIRECTOR: After shauld with the TO HOSPITAL Page 4 may b director, should VR A15 (4) 20 M 1/66

ATTENDING PHYSICIAN: The law

after death

requires that the death certificate be executed within 24 haurs

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Servett County Memorial Hospital 105 East Third Avenue

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- James H. Peseter, Sr., M. D. (10) S. Cad. St., Callent, Margland

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Division of STATISTICAL	RESEARCH AND	RECORDS, 30	1 W. PRESTON	STREET, BALTIMORE,	MARYLAND 212

		Division of STATIS	TICAL RESE	ARCH AND RECORD	s, 301 W. P	RESTON STRE	ET, BALTI	MORE, MARY	LAND 21	201		
	1141	2		CERTIFIC	ATE OF	DEATH				11	406	
1.	PLACE OF DEATH				2. USU	AL RESIDENCE (Where deceos	sed lived, if institut	tion: Reside	nce befor	re odmissio	on)
	o. COUNTY	rett		MARYLA	0.5	Maryl		b. (OU	NTV	rret		
-	b. CITY OR TOWN (If outside corporate limit	ts,	c. LENGTH OF STAY IN		-		te limits, write RU	RAL ond gi	ve neore:	st town)	
	write RURAL one	give negrest town)		13 Days		Oakla	ind			/	1 - 1	
		AL OR INSTITUTION (If n	ot in hospitol,		d. STRI	ET ADDRESS					e. IS RESID	
5	Garrett	County Mem	orial	Hospital	1:	0 North	3rd.	Street			YES T	NO X
3.	NAME OF		irst	Middle		Lost	4. DATE	Mon	th	Doy	Yeo	ar
-	DECEASED (Type or print)	Foste	r	David	Bitt	le	OF DEATH	Aug	ust	7	19	66
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE (9	. AGE (In years	IF UNDER		IF UNDER	
	Male	White	WIDOWED	DIVORCED	Dec	12,189	14	lost hirthdoy)	Months	Doys	Hours	Min.
10	o. USUAL OCCUPATION	(Give kind of work done		CIND OF BUSINESS OR	11. BIF	THPLACE (County	& Stote, or fo	reign country)	12. C	ITIZEN OF	WHAT	
du	ring most of working Supervi			NDUSTRY lucation	1	yersvil	le, M	aryland	(OUNTRY?	rica	
13	. FATHER'S NAME					THER'S MAIDEN						
	1	Ployd David	Bitt1	.е	1 1 2 3	Clara J	Jane W	iles				
1	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	of convice) 16.	SOCIAL SECURITY NO.	17. INFORMA			Addr		rth	3Rd.	St.
1	Ves	(If yes give wor or dotes	21	6-22-5085	A Go	ldie Bi	ser B	ittle, 0	aklan	id. I	farvl.	and
	1B. CAUSE OF DI	EATH (Enter only one co TH WAS CAUSED BY:				0				INT	ERVAL BET	TWEEN
	PART I. DEA	IMMEDIATE CAUSE	(o) 100 m	6cARDIAL	INI	ARCI	JON			-	ISET FILE D	, CAITI
	7201		10		The.					-		
	Conditions, if ony rise to immediat	e couse (a)		PRONARY	WHILL L	NGISU)					
	stoting the unde	rlying couse	10	2-TEDIANO	LENDO	1						
	DART II OTHER CI	CHIEICANT CONDITIONS	(c) T	TO DEATH BUT NOT RELATE		-	IDITION CIVE	N IN DADT 1/o		10	WAS AUTO	OPSY
NO.	PARI II. UIHER SI			0.	U TO THE TERM	MAE DISEASE COM	IDITION GIVE	IN IN CAKE I(U)			PERFORM	IED?
FICAT	20o. ACCIDENT WA	STIVE		ESCRIBE HOW INJURY OCCU	IPPED (Enter not	ure of injury in	Port Lor Por	t II of item 18)		1	ES 📋	NO _
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	203. 0	ESCRIBE HOW INSORT OCCU	KKED. (Elliot 110)	ore or injury in	1011 1 01 101	1 11 01 110111 10.,				
		MEDICAL EXAMINER) JRY Month, Day, Yeor	20d.	INJURY OCCURRED 20	e. PLACE OF INJ	URY (Home, form	1. 20f.	(City or town)	(Co	ounty)	((Stote)
MFDICAL	Hour o.r	n.	Whil			, office bldg., etc.)						
		III.			or full, mo	21 .1	9 66 - 1	o August	7.19	66. tl	nat (1) (4	we) la
	saw the d	eceased alive an_A	ugust	nded the deceased from 19_66, an	d that death	accurred of	105CD V	, from causes	and on	the dat	te stated	d abave
	229 SIGNATUR	0 1								DATE SIGN		
	100	no must	han		M.D. PHYS	i. LV	DIRECTOR	STAFF PHYS.	18	8/6	05	
	22c. PHYSICIAN'S				220	. ADDRESS						
-		7 7		and an area		0-1-7	A/Incom	70 000				
	NAME (Type	Dr. De Te		rtner		Oakland	_					
23	NAME (Type	DN, 23b. DATE TH	IEREOF	23c. NAME OF CEMETER		RY	23d. LO	CATION (City or To	,	(County	,	itote)
	NAME (Type	ON, 23b. DATE TH				r Cemete:	23d. LO	CATION (City or To	,	, ,	,	itote)

Oakland, MarylandDATE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then diease remove corbon papers. Pages 7 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removol, and in ony event, within 72 hours ofter death. Poge 4 may be retained by the hospital or ottending physicion. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE b. COUNTY o. COUNTY 2, and 3 ta PM3. Page Stark Garrett at death. MARYLAND delay c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Oakland after Canton. S. W. 2 hrs. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS farm aurs 215 Arlington Ave. YES NO X Item 18. Give Pages ate 24 hours after death. Office alang with 3. NAME OF First Middle Lost 4. DATE Doy Year DECEASED 19th. Harold 19 66 Broadwater Ray Aug. (Type or print) DEATH Personal Property lives DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years S. SEX 6. COLOR OR RACE B. 7 MARRIED NEVER MARRIED lost birthdoy) Haurs July 23, 1952 Male White WIDOWED DIVORCED 0 event 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **VALSHUM!** Canton, Ohio
14. MOTHER'S MAIDEN NAME School any d "pending" in pencil in Chief Medical Examiner's 13 FATHER'S NAME be executed within .= Hazel Bowman Clarence Broadwater pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no. or unknown) (If yes give war or dotes of service) remayal. Mrs. Hazel Broadwater, see # 2 above No CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Asphyaistion Б finutes ward This certificate shauld crematian, DUE TO shauld be farwarded ta the Conditions, if ony, which gove (b) Drowning Minutes rise to immediate couse (o), DUE TO stoting the underlying couse 0.5 burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION None NO priar ta pe 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 shauld Drowned while swimming in Deep Creek Lake CAUSE OF DEATH. MEDICAL agent, 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED / (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o.m. Not While ot work may be retained far yaur FUNERAL DIRECTOR: Page Rural. Oakland Garrett Md. on. 8-19-66 19 Page / Lake ot work its designated 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection K. Inquiry 🔀, and in my apinian Natural causes _____, Accident 🔼 the funeral directar. death resulted fram: Sulcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED 8-19-66 ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 0 EXAMINER'S James H. Feaster, Jr., M. D. Oakland, Garr. Md. Health Address (Street, city, town, or county)

VR A15ME (5) 6M 1/66

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NAME (Type

24 FUNERAL DIRECTOR

BURIAL CREMATION

23b. DATE THEREOF

ADDRESS Oakland, Maryland

23c. NAME OF CEMETERY OR CREMATORY

Aug. 22nd., 19 Sunset Hills Memorial Gardens Canton, ton, Ohio 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 22 1966

23d. LOCATION (City or Town)

Marle

(County)

(Stote)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11414 FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Florida PM3. Page Garrett MARYLAND Gadsden delay c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b and write RURAL ond give neorest town)
(Rural) Cakland 10 hours. Havana d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS De Office alang with farm ON A FARM? Swallow Falls State Forest Item 18. Give Pages Route #1 Box YES NO 24 haurs after death. NAME OF Middle 4. DATE Month Year DECEASED the Bernard Edward August 13th. Cannon 19 66 (Type or print) DEATH 9. AGE (In years JF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED Jost birthdoy) Nov. 27. 1948 Colored Male WIDOWED DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA during most of working life, even if retired) NDUSTRY JOD Corps Havana, Florida any e, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiner's 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate shauld be executed within .⊑ Bertha Chambers Melvin Cannon 豆 Address (Mother) 17 INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FOR CES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) remaval, Mrs. Melvin Cannon, Havana, Florida INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: MINUTES DEATH Asphyxiation Б IMMEDIATE CAUSE (o) burial, crematian, DUE TO Drowning Conditions, if ony, which gove Minutes rise to immediate couse (a). DUE TO stoting the underlying couse 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES T NO p pe Page 4 shauld be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) priar PRIMARY or CONTRIBUTING
CAUSE OF DEATH. Slipped on a rock and fell into water. its designated agent, 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) Not While state Park Not While FUNERAL DIRECTOR: Page of work 300 8-13-66 19 Oakland (rural) Garr. Md. 21. I certify that I taak charge of the remains described above, held an Autopsy X. Inspection X Inquiry X and in my apinian the funeral directar. Natural causes Accident . Suicide . death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X Health ar James H. Feaster, Jr., M. D. Address (Street, city, town, or count Oakland, Md. 8-13-66 23c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 23d. LOCATION (City or Town) (County) BURIAL, CREMATION, 0 REMOVAL (Specify) 21/66 Tallahassee, Florida St. Marks Baptist 24. FUNERAL DIRECTOR O. Leighton-Durst Funeral Home, Oakland, Md DATE VR A15ME (5) 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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in Item 18. Give Pages

pencil

This certificate shauld be executed within 24 haurs after death.

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4 shauld be farwarded to the Chief Medical Examiner

necessary, please execute the certificate, writing the ward

the funeral directar.

TO DEPUTY MEDICAL EXAMINER:

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Department haurs State [event within with 1 and any and ar remaval, burial-transit burial, crematian, D as nsed ţ designated agent, priar 3 shauld be retained

FUNERAL DIRECTOR: Page TO FUNE.
Health or if

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE o. COUNTY b. COUNTY Garrett MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) r JENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Cleveland Oakland. Minutes d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street oddress) ON A FARM? Garrett Co. Memorial Hospital 4210 Bridge Ave YES NO Middle 4 DATE Month 3. NAME OF Lost DECEASED Charles Mitchell DEATH August (Type or print) Cecil 29th. IF UNDER 24 HRS. 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH lost birthdov) Months Doys Hours DIVORCED WIDOWED 1949 Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. 8IRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? School Student W. Va. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles Cecil Fave Sadler 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address 269-44-8888 Mrs. Fave Sadler 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: Asphyxiation **linutes** IMMEDIATE CAUSE (o) DUE TO Aspiration of stomach contents Mi nutes Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse 9. WAS AUTOPSY PERFORMED? YES X NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION Subdural hemorrhage secondary to contusion of brain 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Driver of auto that wrecked on U. S. 219 20d. INJURY OCCURRED A 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) foctory, street, office bldg., etc.)
Highway While Not While of work at work Rural, Oakland Garrett Md. 21. I certify that I taak charge of the remains described above, held an Autopsy inspection x, Inquiry & and in my apinion Accident 72 Suicide Undetermined manner death resulted fram: Natural causes Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 8-30-66 DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, or county) Oakland. James H. Feaster, Jr., M. D. Md. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify)
Bruial West Park Cemtery Cleveland Ohio 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 1966 Oakland. Maryland DATE

VR A15ME (5) 6M 1/66

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THE THE STATE OF LETTERS

James H. Feaster, Jr., M. D.

23c. NAME OF CEMETERY OR CREMATORY

Home . Oakland . Md

MtOlivet Cem-

23b. DATE THEREOF

Leighton-Durst Funeral

b. COUNTY Frederick e. IS RESIDENCE ON A FARM? YES NO Manth August 21st. 19 66 IF UNDER 1 YEAR IF UNDER 24 HRS. Hours 12. CITIZEN OF WHAT COUNTRY? USA Address (HUS balad) INTERVAL BETWEEN 2 ONSEL AND DEATH 2 hours 19. WAS AUTOPSY PERFORMED? NO IK (County) (State) Inquiry 30 ond in my opinion Undetermined manner 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 8-21-66 DEPUTY MEDICAL EXAMINER (SC) Address (Street, city, town, or county Oakland, Maryland 23d. LOCATION (City or Town) (Stote) Frederick, Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATE AUG 23 Miarley Judg 1966

CHIEF MEDICAL EXAMINER

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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Pa Pa			KURGL GRANTSUILLE LIEF	KURAL CORALTSULLE 11-1
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equies that the death certificate be executed by the offending physician and controlled burial-transit permit. Then please remoburial, cremation, or removal, and in any			DEORGE CARLITZ	HNNA ROBESON
Le Lie		15.		NFORMANT Address
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off off			V (G)	MITCHAIL DEPARTS
a i e			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
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cian. d by th l-transit , crema			4201 DUE TO	1-01
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atter has se os h pri		z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
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al or icate for us		윤		Enter noture of injury in Port I or Port II of item 18.)
音音音		둞	OR CONTRIBUTING 🗆 CAUSE OF DEATH	Enter horoic or injury in rott to rott in or noth to.
			(IF EITHER, NOTIFY MEDICAL EXAMINER)	
by the hos fter this ce be detache Stote Dept.		MEDICAL		E OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
de the character of the		ME	Hour o.m. 19 While Not While of work of work	pry, street, office bldg., etc.)
be itot			21. I certify that (I) (this hospital) attended the deceased fram	Tune, 1952 to 17 aug, 186, that (1) (40) last
			saw the deceased glive an Atta 17 19 66 and that	death occurred at SPM, from causes and on the date stated above.
# 6 8 min				
retained ECTOR: / S should with the			220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
~ ~ ~			Frank almel her	D. PHYS. DIRECTOR L. PHYS. L. LOUING 66
AL DIR			22c. PHYSICIAN'S	22d. ADDRESS
S d e	1		NAME (Type) OVANT ()TWELL	() eyers dele Ka
Page 4 registration		230	. BURIAL CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETERY OR C	REMATORY 23d LOCATION (City or Town) (County) (State)
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5 5 5 2			DURIAL OF CIED INEW OF	RMANY ORANTSUILLE GARRETTE MIS
VR A15 (4)	0	24	EUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH

11418			CERTIFICAT	E OF DEATH		11412
o. COUNTY	Sarrett		MARYLAND	o. STATE	b. COL	
b. CITY OR TOWN	(If outside corporate limit	s,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	ryland utside corporote limits, write RL	JRAL ond give neorest town)
Wrife KURAL o	nd give neorest town) Oakland		2 mos 6 days	Oa	kland	1/-
d. NAME OF HOSP	ITAL OR INSTITUTION (If no	ot in hospitol, g	ive street oddress)	d. STREET ADDRESS		e. IS RESIDE
Garret	tt County Me	morial	Hospital	Rt. #	2 - Box 261	ON A FAR
NAME OF DECEASED (Type or print)	Fi Home	rst 2°	Middle Leslie	Lost	4. DATE Mon OF DEATH August	Day Year
Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED J	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 2 Months Doys Hours
0o. USUAL OCCUPATION Suring most of workin Miner	ON (Give kind of work done g life, even if retired)		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County	y & Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	4 3 47 6 1			14. MOTHER'S MAIDEN	Mame Garrett, Md.	U. S.
	David		Gnegy	Clane	Emma Hauser	
S. WAS DECEASED EV	/ER IN U.S. ARMED FORCES?	16. 5		INFORMANT	Addr	ress
PART 1. DE	DEATH (Enter only one cou ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE y, which gove)	(0)	(6), (b), and (c).) NEMOME	alosis	Les dere	To INTERVAL BETW SMSET AND DEL
PART I. DE. 1 7 7 X Conditions, if on rise to immedic storing the und last.	ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE y, which gove of the couse (o), erlying couse DUE	(c) (c)	(6), (b), ond (c).) COLUMN ONLE DEATH BUT NOT RELATED TO	alosis n mos THE TERMINAL DISEASE COI	Leve £ NOITION GIVEN IN PART 1(0)	1/2 Y
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after death.

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

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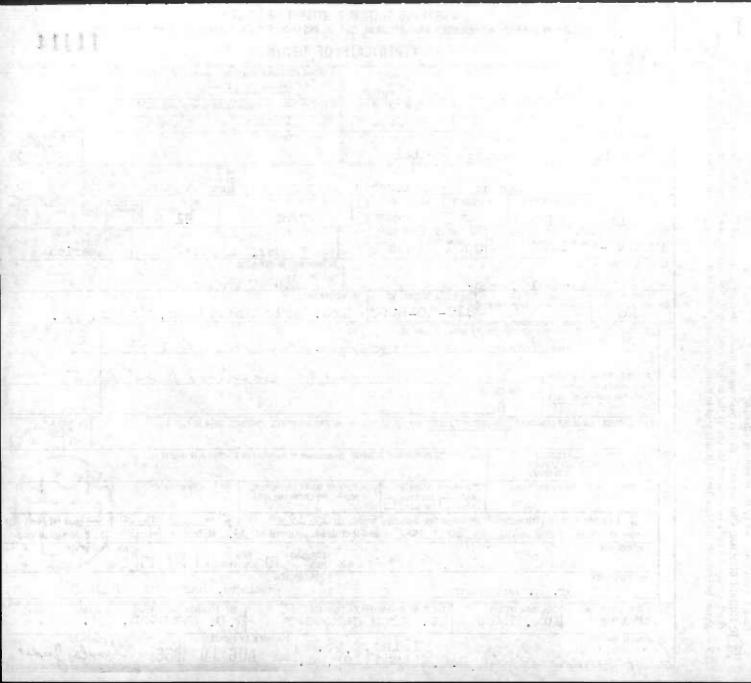
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MARYLAND STATE DEPARTMENT OF HEALTH SION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased fived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Garrett MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Cakland Oakland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Alder YES NO X 3. NAME OF completel 4. DATE Middle Year DECEASED OF DEATH August (Type or print) Gonder 20. 19 66 Eleanor .⊑ carbon 6. COLOR OR RACE 7. MARRIED TNEVER MARRIED 5. SEX IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR! 7975 pue last birthday) Months Hours WIDOWED | DIVORCED Female remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Wilkensburg. Penna. Housewife Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Schoeller Marie Whalen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Lindsav A. Gonder. see above 18. CAUSE OF DEATH [Enter only one cause per line for (a). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO L 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Whila Not While Hour a.m. at work at work D.m. 21. I certify that (I) (this hospital) attended the deceased from 11/17/ 58 , 19 , to 8/12/66, 19 , that (I) (we) last saw the deceased alive on...... 22a. SIGNATURE 22b. DATE ATTENDING STAFF SIGNE DIRECTOR PHYS. PHYS. M.D. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Herbert Leighton, M.D. Oak at Fifth Oakland, Md. 21550 filed , 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) County Mem. Gardens Oakland Rurial 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) DATE AUG 15M 7-62

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH funeral 1 and 2 ter death ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH n. COUNTY b. COUNTY Maryland Garrett tely filled in by the function ban papers. Pages 1 c., within 72 haurs after d Garrett MARYI AND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 36 Days Vindex Oakland d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Garrett County Memorial Hospital YES NO DC 3. NAME OF Middle 4. DATE carban Last Month Day Year DECEASED OF DEATH physician and completely hen please remove carba naval, and in any event, w 26 66 Ellsworth August Harvey 19 (Type or print) Meshac IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED hirthday) Months Doys DIVORCED T 2/7/85 WIDOWED White Male 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during roost of working life even if retired Coal Mines COUNTRY? America Vindex, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval Tasker Ruth Michael Harvey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give war or dotes af service) 2 18-10-8993 Lyle Sharpless Vindex. Md. Mrs. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c); signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO far use as the b If Health priar tab stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO W O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Haur o.m. Not While factory, street, office blda., etc.) at work 2619 66 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram July 19 19 66 to August directar, page 3 shauld should be filed with the 166, and that death occurred at 3:55 M. Fram causes and an the date stated above. saw the deceased alive on August 26 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Oakland, Maryland 21550 Dr. H. Leighton 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) Aug. 28/66 Mt. Zion Cemetery R.D. Swanton. FREMOVAL (Specify) 24-FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1966 DATE



F HE.	O R	S S'	TATE DEPT
y delay is	and 3 ta	M3. Page	art ment at ter death.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page land 2 with the State Department of vevent within 72 haurs after death.

This certificate shauld be executed within 24 hours after death.

TO DEPUTY MEDICAL EXAMINER:

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may be retained far yaur files	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit perm	Health ar its designated agent, priar ta burial, crematian, ar remavc	88
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5 may	O FUNE	Health	X
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	11421	MEDICAL EXAMINER'S	CERTIFICATE O	FDEATH	/
1.	PLACE OF DEATH		2. USUAL RESIDENCE (V	Vhere deceased lived, if institution: Resid	dence before admission)
	a. COUNTY	MARYLAND	II a STATE	b. COUNTY	rion
	b. CITY OR TOWN (If outside carporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If au	tside corparate limits, write RURAL and	give negrest town)
	write RURAL and give nearest town)				85-2
_	d. NAME OF HOSPITAL OR INSTITUTION (If not in I	Minutes hazzital aira strat addass	d. STREET ADDRESS	mont	l e. IS RESIDENCE
				_	ON A FARM?
-	OOA) Garrett Co. Memor		Rt.	5	YES NOX X
3.	NAME OF First	Middle	Last	4. DATE Manth	Day Year
	(Type or print) Tracy	Lee Hawkin		DEATH Aug.	26th. 19 66
S.	SEX 6. COLOR OR RACE 7. I		B. DATE OF BIRTH	last birthday) Months	ER I YEAR IF UNDER 24 HRS.
	TALL OU	VIDOWED DIVORCED DIV	Nov. 30, 1	945 20 yrs.	
10a	a. USUAL OCCUPATION (Give kind of work dane ring most of working life, even if retired) Serviceman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	ar fareign country) 12.	CITIZEN OF WHAT COUNTRY?
auı	Serviceman	US Navy	Fairmont		USA
13.	FATHER'S NAME		Fairmont 14. MOTHER'S MAIDEN N	NÂME	
	Issac Hawki	ins	Kathlee	n Nallon	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
(Ye	es, na, ar unknawn) (If yes give war ar dates af serv Ves	233-70-5569 F	Cathleen H	awkins see #2	above
_	18. CAUSE OF DEATH (Enter only one cause pe				INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY-	1,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7	towal maggi	1710	ONSET AND DEATH
	8254 IMMEDIATE CAUSE (d)_	Hemothorax, bila	wrar, massi	rve	THIRD LOS
	Conditions, if any, which gove) (b)	Ruptured lungs			Minutes
	rise ta immediate cause (a),	itapoatoa aango		· · · · · · · · · · · · · · · · · · ·	11114005
	stating the underlying cause (c)	Fractured ribs.			Minutes
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR		THE TERMINAL DISEASE CON	DITION CHES IN DART 1/)	19. WAS AUTOPSY
8			HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(d)	PERFORMED?
MEDICAL CERTIFICATION	Fractured pelvis.				YES K NO
RTIF	20a. EXTERNAL CAUSE WAS PRIMARY → or CONTRIBUTING □	20b. DESCRIBE HOW INJURY OCCURRED. (,	
E CE	PRIMARY GOT CONTRIBUTING CAUSE OF DEATH.	Driver of auto that			
200	20c. TIME OF INJURY Manth, Day, Year Haut Tr.	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, ary, street, affice bldg., etc.)		Caunty) (State)
ME	9:15 p.m. 8-26-66 19	While Nat While at wark High	WAV	Rural Mt. Stor	m Grant W. Va.
	21. I certify that I took charge of	the remains described above, he	ld an Autapsy 🔀		
	death resulted fram: Natural ca	uuses 🗍 , Accident 🎮 Suici	ide , Hamicide	Undetermined manner	
	V		CHIEF MEDICAL	EXAMINER	
н	SIGNATURE One (-)	lenter p. c.s	M.D. ASSISTANT MEDI	CAL EXAMINER	22. DATE SIGNED
Ц	extranere		DEPUTY MEDICA	L EXAMINER X	
- 1	NAME (Mpe) James H. Feast	er, Jr., M. D.	Address (Street,	city, town, or county Dakland,	Md. 8-27-66
230	BURTAL, CREMATION, 23b. DATE THEREOF		CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
	REMOVAL (Specify) 8/30/66	Mt. Zåån Cen	metery	Fairmont	W. Va.
24	FUNERAL DIRECTOR	ADDRESS	2Sa REC'D	RY REGISTRAR 25h REGISTRAR'S	SIGNATURE
1	Yould O) Ohinny	A Oakland Ma	rylandoute St	P 2 1956 /che	well judge

VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

	MARIEAND STATE DEPARTMENT OF HEALTH	
DIVISION O	F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
11422	CERTIFICATE OF DEATH	11416

1.1268	11777
1. PLACE OF DEATH a. COUNTY Garrett MARY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. STATMaryland b. COUNTY Garrett
b. CITY OR TOWN (if outside corporate limits, Kitch 2011 1 1 1 (1996) nearest town) c. LENGTH OF ST. 39Yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kitzmiller
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street add Main Street	d. STREET ADDRESS Main Street Main Street Mox
3. NAME OF First Middle DECEASED (Type or print) DELLA MAY	HERSHBERGER DEATH AUGUST 5 19 66
5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRI WHITE WIDOWED DIVORCE	Table 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Housework Own Home	INDUSTRY II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Elk Garden, W. Va. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Perry Street	Anna Rebécca Groves
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO pr unkown) (If yesgive wer or datas of service) 213-50-10	2 Mrs. Charles Davis- Kitzmiller, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	interval between onset and death deader themed
Conditions, if any, which gava rise to immadiate causa (a), stating the underlying causa last.	uf Denne 17h
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAD 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
208. ACCIDENT WAS UNDERLYING ☐ 208. DESCRIBE HOW INJURY OF CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of injury in Pert I or Part II of item 1B.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Whila Not Whila at work at work	20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, streat, office bldg., atc.)
21. I certify that (I) (this hospital) attended the decease saw the deceased alive on	from the death occurred at 5P. M. from the dauses and on the date stated above.
228. SIGNATURE Colondocha	M.D. ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. ATTENDING MED. STAFF
Drys Relph Calandrella	22d. ADDRESS Kitzmiller, Md. 21538
mu and off - 16) 0 / 0 / 0 0	METERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Cemetery Elk Garden, Mineral Cow ya.
Mullidud Staples DO WITZMI	e, W. Va. 25s. REC'D BY REGISTRAR 25s. REGISTRAR'S SIGNATURE DATE AUG 9 1866 Charles Judge

VR A15 (4) 20M 5-63 H NEW TOWNS OF THE STATE OF THE PARTIES LOWER SHOULD BE TO BE SECURE LANGE OF THE PARTY OF TH and the second of the second of the second

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1/117

11492			CERTIFICAT	E OF DEATH		11411
1. PLACE OF DEATH o. COUNTY Ga	rrett		MARYLAND		Where deceosed lived, if institution b. COUN	
b. CITY OR TOWN write RURAL on	(If outside corporote limits d give neorest town) akland	,	c. LENGTH OF STAY IN 1b		tside corporote limits, write RUR	AL ond give neorest town)
	County Memo			d. STREET ADDRESS Route #1,	Box # 275.	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	Fii Gr		Middle	lost Hinebaugh	4. DATE Month OF DEATH Augu	st 3, 19 66
s. sex Ma le	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 1/19/96	9. AGE (In yeors last birthdoy) 70 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
during most of working Ret. Rest	N (Give kind of work done life, even if retired) curant Owne i	- INC	D OF BUSINESS OR USIRY Caurant	Oakland	& Stote, or foreign country) , Garrett, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
	liam Glotfel			14. MOTHER'S MAIDEN I	Martin	
1S. WAS DECEASED EVI (Yes, no or unknown)	R IN U.S. ARMED FORCES? (If yes give, wor or dotes o	(consists	- 0	Guy Hinebaug	-	nd, Maryland
Conditions, if ony rise to immediat stating the under lost.	rlying couse DUE	(o) [V] al 10 Clus 10 (c)	suie Enler	who is	Mus/	ONSET AND DEATH
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	ine Cyshil	22-	CRIBE HOW INJURY OCCURRED	- Oldon	e ture looth	19. WAS AUTOPSY PERFORMED? YES NO 1
20c. TIME OF INJI Hour o.r	10	20d. IN. While of work	Not While fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc.)		(County) (Stote)
21. I certi	fy that (I) (this hos eceased glive an	Aug. 3	ed the deceased fram_ 19_66, and th	at death accurred at ATTENDING PHYS. 22d. ADDRESS	949, to Aug 3, 2:55M Arom couses of MED. STAFF DIRECTOR PHYS. and, Maryland	nd an the date stated above 22b DATE SIGNID
230. BURIAL, CREMATIC BREMOVAL SPECIFY	ON, 23b. DATE THE 8/5/6	REOF	23c. NAME OF CEMETERY OR	crematory	23d. LOCATION (City or Tow	Maryland
24. FUNERAL DIRECTO	R John 0. -Durst Fu	Durst	Home Oak Is	herst 250. REC'D		Charles Judge

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120# CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission 1. PLACE OF DEATH a COUNTY b COUNTY GARRETT MARYLAND MARYLAND GARRETT b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 3 DAYS DEER PARK d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? GARRETT COUNTY MEMORIAL HOSPITAL YES NO [Middle Manth 3. NAME OF First Last 4. DATE Day Year DECEASED OF DEATH JOHN (Type or print) HTPP AUGUST S. SFX 6. COLOR OR RACE IF UNDER YEAR IF LINDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Manths Davs Hours DIVORCED WIDOWED 4 MAT.E WHITE JUNE 20. 85 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of warking life, even if retired) INDUSTRY COUNTRY? 7111281 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN FRANK HTPP LUCINDA BOSLEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO Address (Yes, na, ar unknawn) (If yes give war or dates af service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gave Pneumonitis 1 week rise to immediate cause (a), DUE TO stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO E Arteriosclerosis. generalized 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur a.m. Nat While factory, street, office blda., etc.) certify that (1) (this hospital) attended the deceased from 8-22-66 to 8-25-66, 19_, that (1) (we) last and that death occurred at 35P M, from couses and an the date stoted abave. saw the deceosed alive and 22a SIGNATURE 22b. DATE SIGNED **ATTENOING** M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS PHYSICIAN'S DR. JAMES FEASTER, JR. NAME (Type) OAKLAND, MARYLAND BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (Caunty) REMOVAL (Specify) 24. FUNERAL DIRECTOR **ADDRESS** 25g. REC'D BY REGISTRAR DATE AUG

and 2 24 hours after death. funeral after by the fi ely filled in by the bon popers. Page , within 72 hours a be executed within nog completely event, car remove in ony puo ottending physicion sermit. They please the death certificate or remov permit. cremation, the signed by the burial-transit requires that **10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retained by the hospital or ottending physician. buriol, prior to the has been fo FUNERAL DIRECTOR: After this certificate detached 3 should with the director, page should be filed

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH/DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE o. COUNTY 2, ond 3 to PM3. Poge d to Virginia Garrett Montgomerv MARYLAND delay c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b after Christiansburg Minutes Oakland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADORESS Del Office along with form ours (DOA) Garrett Co. Memorial Hospital St. King YES | NO BE Item 18. Give Pages 24 hours after death. Middle 4. DATE NAME OF First Lost Month Doy Year OECEASED 0F Linwood Edward August 15th. James 66 (Type or print) DEATH hin. IF UNDER 1 YEAR IF UNDER 24 HRS. with 9. AGE (In years 6. COLOR OR RACE X DATE OF BIRTH 7. MARRIED NEVER MARRIEO lost birthday) Hours Months Dovs White Male Sept. 26. WIDOWED DIVORCED event 2 and 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) COUNTRY? during most of working life, even if retired) School Montgomery Co. any d 'pending'' in pencil in Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within = Charles E. Pauline Johnson James and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service) or removal, Charles E. James no ahove INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Shock Minutes This certificate should writing the word cremation, DUE TO should be forwarded to the Conditions, if ony, which gove (b) Hemorrhage Minutes rise to immediate couse (o), DUE TO stoting the underlying couse 0 Ruptured liver Minutes 05 burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Fractured ribs, right 19. WAS AUTOPSY PERFORMED? CERTIFICATION please execute the certificate, ţ, pe 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) prior ploods PRIMAR TO ONTRIBUTING Auto accident on Turkey Neck Road CAUSE OF DEATH.

MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 9:15 Hour o.m. 21. I certify that I taak charge of the remains described above, held an Autapsy death resulted fram:

SIGNATURE James . NAME (Type) BURIAL, CREMATION,

24. FUNERAL DIRECTOR

H. Feaster, Jr., M. D. 23b. OATE THEREOF REMOVAL (Specify)
Burial 18/66

8-15-66 19

23c. NAME OF CEMETERY OR CREMATORY

Oakland

20d. INJURY OCCURRED

Not While

ot work

Accident -

While of work

Natural causes

20e. PLACE OF INJURY (Home. form.

Highway

Suicide

Marvlar

foctory, street, office bldq., etc.)

ASSISTANT MEDICAL EXAMINER OEPUTY MEDICAL EXAMINER

1966

Inspection .

22. DATE SIGNED 8-15-66

(Stote)

and in my apinian

(County)

Address (Street, city, town, or county) Oakland, Maryland 23d. LOCATION (City or Town) (County) (Stote)

Undetermined manner

(City or town)

(Rural) Deer Park Garr.

Inquiry X

Gardens Roselawn Memory Blacksburg 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

Hamicide

CHIEF MEDICAL EXAMINER

6M 1/66

VR A15ME (5)

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its designated ogent,

Health or

FUNERAL DIRECTOR: Poge

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the funeral director.

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Sect for your fire on the sections and

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11426

CERTIFICATE OF DEATH

11420

	PLACE OF DEATH 2. COUNTY Garrett MARYLAND			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY Garrett							
	b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Oakland 17 Hours			c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town)							
				Accident				11.1			
- 1	d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress)				d. STREET ADDRESS			100	e. IS RESIDENCE ON A FARM?		
		Garrett Co	o. Memo	orial Hospit	al					YES X NO	
	NAME OF DECEASED		First	Middle		Lost	4. DATE OF	Mant	th	Day Year	
	(Type or print)	Joh	T	(none)		Kahl	DEATH		gust	26 19 66	
1	SEX	6. COLOR OR RACE	7. MARRIED	_	0 8	8. DATE OF BIRTH		AGE (In years last birthday)	Months	Days Haurs Min.	
	lale	White	WIDOWED			2/25/78		last birthday) OO yrs.			
1Da.	. USUAL OCCUPATION	ON (Give kind of work done g life, even if retired)		CIND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (County				IZEN OF WHAT UNTRY?	
	KETIR	EN FARME		-ARMING		Accident, Maryland				America	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN NAME					
		Ludwig F				CATHERINE LANTZ					
		ER IN U.S. ARMED FORCES? (If yes give war ar dotes of		SOCIAL SECURITY NO.	17. 11	NFORMANT		Addre	ess		
1.0	No.	(II fes give war ar access	OI SOITICS,	ATTENDAMENT		Harold K	ahl ((son)	Accide	ent, Md.	
		DEATH (Enter only one cou		1 " 1 " 1 "						INTERVAL BETWEEN	
	PAKI I. ULA	ATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Ce	ereberal vas	scul	ar accident	t		diam'r.	24 hrs	
	331%	DUE									
	Conditions, if any	/, which gave	(b) A1	rteriosclero	generalized				Years		
	stating the unde		. 10								
	last.)	(c)								
NO	PART II. OTHER SI	IGNIFICANT CONDITIONS C	CONTRIBUTING T	TO DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN	IN PART 1(a)	7.4	19. WAS AUTOPSY PERFORMED?	
CATIC										YES NO	
CERTIFICATION		AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	ESCRIBE HOW INJURY OCCU	URRED. (Enter nature af injury in	Part I ar Part I	I of item 18.)			
MEDICAL		JURY Month, Day, Year				CE OF INJURY (Home, farn		(City or town)	(Cau	inty) (State)	
ME	Haur o.r p.r	10	While at warl		facto	ary, street, affice bldg., etc.	.)				
				ded the deceased fr	ram	1950	19, to	8-26-66		_, that (I) (we) last	
		eceosed alive an_		1,9, an	id that	death accurred at	1:56AM,	from causes	and on th	ne date stated abave.	
	22a. SIGNATURE 22b. DATE SIGNE							ITE SIGNED			
	f Car	M.D. PHYS. Ly DIRECTOR LY PHYS. LY 8-26-66									
	22C. PHYSICIAN'S	3		0		22d. ADDRESS					
	Maine (1 fbc	James H. F	easter,	Jr., M. D.		1104 S. 2n	id. St.	, Oaklar	id, Md		
23a	. BURIAL, CREMATIC	ON, 23b. DATE THI		23c. NAME OF CEMETE			Α	ATION (City or Tox	,	(County) (State)	
	REMOVAL (Specify	8/28	166		THE	ERAN	Accio	ENT, GA.	RRETT	-Co, Mo	
24	. FUNERAL DIRECTO	JR	00	ADDRESS		2Sa. REC'I		R 2Sb RE	GISTRAR'S SIC	GNATURE A	
1	Vou VI	Nouveran	Fran	ulsoille. 1	ud	DATE	AUG 3 1	1366	A.	res Judge	

Poge 4 may be retained by the inspiral or orienting progression.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please genove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death Poge 4 may be retoined by the hospitol or ottending physicion. VR A15 (4) 20 M 1/66

Versitable and that Dated Peril - and - Land effect contented according enter filler i de la companya de la Nationale de la companya de la comp A 1965 A 1965

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11427 FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Garrett b. COUNTY District of Columbia death MARYLAND c. LENGTH OF STAY IN 1b portment b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Rural) Deer Park after 36 hrs. Washington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 4550000nnecticut Ave. e. IS RESIDENCE ON A FARM? hours Broad Branch Road YES NO Deep Creek Lake in Item 18. Give Pages olong with 3. NAME OF Middle Kami tsuki 4. DATE First 21st. Akira DECEASED Aug. DEATH (Type or print) 2 with 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 37 lost birthdoy) June 1. Male Yellow Hours WIDOWED DIVORCED hours Office 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done du (figenes f) f moghiff gref even if retired) Carnegie Inst COUNTRY? Osaka. Japan Japan poges I 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME pencil be executed within Yukio Kamitsuki Takiko Kamitsuki puo 17. INFORMANT (Widow) 16 SOCIAL SECURITY NO. Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, arunknown) (If yes give wor or dotes af service) or removal. Michiko Kamitsuki. Washington, D. C. None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). 13 ONSET AND DEATH buriol-tronsit Asphyxiation PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) This certificote should burial, cremation, DUE TO Drowning Minutes Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? its designated ogent, prior to 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Poge 4 should Drowned while swimming in Deep Creek Lake. Md. CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Lake While of work of work 19 66 Rural Deer Park Garr. Md. Inspection A, Inquiry A, 2]. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion Notural causes Accident A. Undetermined monner Suicide . deoth resulted from: Homicide CHIEF MEDICAL EXAMINER 8-21-66 ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Heolth or EXAMINE'S James H. Feaster, Jr., M. Address (Street, city, town, or county) Oakland Garr. Md.

23c. NAME OF CEMETERY OR CREMATORY

Home .

Oakland, Mone

23b. DATE THEREOF

23d. LOCATION (City or Town)

1866 Felistrary Signature

CedamyHill Creamitory Suitland, Maryland

250. REC'D BY REGISTRAR AUG 23 AUG

VR A15ME (5)

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23o. BURIAL, CREMATION,

Leighton-Durst

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de la la company des , de la company de la c

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the hospital or attending physician.

This certificate has been signed by the attending physician and completely d in by the funeral d for use as the burial-transit permit. Then plass remove carbon papers. Pages 1 and 2 should all prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL, OR ATTENDING	death. Page 4 be retained by	TO FUNERAL ECTOR: After t	director, page 3 should be detached	be filed with the State Dept. of Heal	
		VR	A	15	
		15	M	7-	

MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	ORE 1, MARYLAND
11428 CERTIFICATE OF DEATH	1142

a. COUNTY		2. USUAL RESIDENCE (Where	b. COUNTY	esidence before edmission)
Garrett	MARYLAND	. STATE Maryland	Garr	
 CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporete limits, write RURAL end	give neerest town)
Oakland	l mos.	Deer Park	1	11-1
d. NAME OF HOSPITAL OR INSTITUTION (if no	ot in hospitel, give street eddress)	d. STREET ADDRESS		. IS RESIDENCE
Cuppett-Weeks Nur	sing Home	Rt. 2		ON A FARM?
3. NAME OF First	Middle	Last 4. DATE	Month	Day Yeer
(Type or print) Ashful	Harmon	King DEAT	H Aug. 29,	1966
5. SEX 6. COLOR OR RACE 7.			9. AGE (In years IF UNDER 1	
7.77 0 1		Teb. 16. 1882	last birthday) Months E	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUSTR	,	0 1 1	ZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Farming	Deer Park, Md	the second secon	
Farmer 13. FATHER'S NAME	raiming	14. MOTHER'S MAIDEN NAME	. 1 0.	24
Emmauel King 15. WAS DECEASED EYER IN U.S. ARMED FORCES	2 Lac de Civil Cocinita No. 147	Claire Paugh		
(Yes, no, or unknown) (Ifyesgivewerordetesofservi	ice)	NFORMANT	Address	
no		rles King	Bunola., Per	
18. CAUSE OF DEATH [Enter only one cau	use per line for (e), (b), end (c).]	11 -		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	myrandial u	morrection		mus'
4201 DUE TO				
Conditions, if eny, which (b)	france lensuice	al disease		
gava rise to immediate cause				
(a), stating the underlying cause last.				State of the last of
	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY
OH COLORES	E mai	11 4	17	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITION CONTROL OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCURED.	(Enter nature of interv in art Lor Per	I II of item 18.)	113 1 NO IX
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE NOW MOOK! OCCURED	the held of leady her all to the	i ii or neiii ro.,	
20c. TIME OF INJURY Month, Dey, Year Hour a.m.		CE OF INJURY (Home, ferm, 20f. (Cory, street, office bldg., etc.)	ity or town) (Cour	nty) (Stete)
¥ p.m. 19	at work at work			
21. I certify that (I) (this hospital)	attended the deceased from	Sept 19.651	0 29 aug 66 19	, that (I) (we) last
saw the deceased alive on 2000				
22e. SIGNATURE	/	ATTENDING MED	CTAFE	22b. DATE
Both	M.	D. PHYS. MED.	TAFF PHYS.	Blancis &
22c. PHYSICIAN'S	(1 406	22d. ADDRESS	1 1 1	
NAME (Type) 13 L-C31	New / MED	Cheken.	di ma	
238. BURIAL, CREMATION, 236. DATE THEREO	F 23c. NAME OF CEMETERY	OR CREMATORY 23d. LO	CATION (City, town or county) (State)
REMOVAL (Specify) Burial 9/1/66	Deer Park Ce	metery De	er Park	Maryland
24 EUNERAL DIRECTOR'S SIGNATURE	ADDRESS		ISTRAR 256. REGISTRAR'S S	
Gandal M Ming	. //	yland DATE SEP 2		
There III when	- , , , , , , , , , , , , , , , , , , ,	DAIROL	1956 yellon	Co Judge
			(/	// //

RESIDENCE PROBLEM SECTION AND ADDRESS OF SECURITION AND ADDRESS. THE SECOND Lock to The proposition of A new years The second of the second of the second in the contract of the second

CERTIFICATE OF DEATH

11193

11443	•		CERTIFICA	IL OI DEATH		1	するから	13
1. PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceosed lived, if institu	utian: Residence b	efare admissio	on)
a. COUNTY	GARRETT		MARYLAND	a. STATE	MARYLAND b. COL		ARRETT	
b. CITY OR TOWN	(If outside corporate limits,		c. LENGTH OF STAY IN 1b		utside corparate limits, write RI	JRAL and give ner	arest town)	
write RURAL a	OAKLAND		1 DAY		LAKE PARK.		11-1	
d. NAME OF HOSP	ITAL OR INSTITUTION (If not	in haspital,	give street address)	d. STREET ADDRESS			e. IS RESID	DENCE
GARRE	TT COUNTY ME	MORIAI	HOSPITAL	410	"K" STREET			NO A
3. NAME OF DECEASED	Firs	it	Middle	Lost	4. DATE Mor	ith	Day Yea	21
(Type or print)	ERNEST	19.7	JOSEPH	MC ROBIE	DEATH AUGUST		19 6	56
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Day		Min.
MALE	WHITE	WIDOWED	DIVORCED	MAY 20, 188	39 77 Yrs.			min.
100. USUAL OCCUPATIO	ON (Give kind af wark dane		ND OF BUSINESS OR	11. BIRTHPLACE (Count	y & State, or fareign country)	12. CITIZEN COUNTR		
during mast of werkin	er		Soft Coal	GAR	RETT-MARYLAND	COUNTR	USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
	OHN MC ROBIE		CONTRACTOR OF THE		HATTLE SMITH	2016		
1S. WAS DECEASED EN	/ER IN U.S. ARMED FORCES?	service) 16.		7. INFORMANT		ress MT. LA		lK,
Yes	(If yes give war or dotes of	21	3-18-2361 V	V-CLARA ELLEN	MC ROBIE-410	"K" STR	EET M	D.
	DEATH (Enter only one cause	4.4		1			INTERVAL BETY	
1.0	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) NI40	candial Into	anction		1	ONSET AND DE	EAIR
420	DUE T		4.	2./			2400	
Conditions, if on		b) (0)	ngestive ?	tallupo		-	LMOS	1
stating the und		0 11.	1/2000	F. C11.			1111	
last.		c)		rovic CU:			410	
종 PART II. OTHER S	/		O DEATH BUT NOT RELATED T	///	/		19. WAS AUTO PERFORME	
3 emp		asl hi					YES 🔲 I	NO 🔀
	AS∕UNDERLYING □ G □ CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Port II of item 18.)			
THE LITTLEN, NOTH	Y MEDICAL EXAMINER)				Mary Comment			
20c. TIME OF IN	JURY Manth, Day, Year	20d. If While		PLACE OF INJURY (Hame, fari factary, street, office bldg., etc.		(Caunty)	(2	State)
р	.m. 19	at work	at wark				75	
21. I cert	tify that (I) (this hosp	ital) attend	ded the deceased fram	Jon.	19.66, to AUGUS	1 1119 66	that (I) (v	we) la
		UGUST.	19 <u>66</u> , and the	hat death occurred a	10:30, for Mouses			abav
22a. SIGNATUR	554	and	mo	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SI	HIJ6E	6.
22c. PHYSICIAN NAME (Typ		L. GRA	NT	22d. ADDRESS	OAKLAND, MARY	ZLAND		
23a. BURIAL, CREMAT		EOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City or To	own) (Cour	nty) (St	tate)
Burial Burial	(Y) 8/14/	66.	Ferndale H	Baptist Cen	Near Oak	land,	Maryl	and
24 FUNERAL DIRECT		Akul	ADDRESS	- 2So. REC	D BY REGISTRAR 2Sb. RI	EGISTRAR'S SIGNA		
Leighto		ne ral	Home Oakla	and Md DATE A	UG 15 1966	Milare	es Judg	se

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and campletely filled in by the funeral, director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120]

430

CERTIFICATE OF DEATH

1. 4 200			
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution	
a. COUNTY GAODETT	MARYLAND	a. STATE MARYLAND b. COUNT	GARRETT
b. CITY OR TOWN (If autside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA	L ond give negrest tawn)
write RURAL and give nearest town)	D 10 Vac	C' Pi) #
SALISBURY K	D 1/0 yks	SALISBURY AL	IC DECIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
B. NAME OF DECEASED (Type or print)	Middle	NILLER DEATH AUG	Day Year 1966
SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED DIVORCED DIVORCED		IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
Oa. USUAL OCCUPATION (Give kind of wark dane during most of working life, eyen if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	CARPENTER WORK	14. MOTHER'S MAIDEN NAME	MIDITI
J. PATREK, NAME	MILLER	ELLEN HOOVER	
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give wor or dates of ser		Address Marthe Miller Sal	lister RD Pa
1B. CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line fo(3a), (b), and (c)	Occlusion-	INTERVAL BETWEEN ONSET AND DEATH
420) DUE TO Conditions, if any, which gave)	Coronaly	arting decea	e 5mg
rise ta immediate cause (0), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part I ar Part II af item 18.)	A
20c. TIME OF INJURY Manth, Day, Year Haur a.m. 19		CE OF INJURY (Hame, farm, ory, street, affice bldg., etc.)	(County) (State)
21. I certify that (I) (this hospite saw the deceased alive on	attended the deceased from_	t death accurred at 10 Am, from cooses at	that (I) (we) land on the date stated above
22a. SIGNATURE	in the Am	D. ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE (GNED
22c. PHYSICIAN'S NAME (Type) ROSS	ROMBAUGHM	D 22d. ADDRESS Meyers de	ile, gt
23a. BURIAL, CREMATION, REMOVAL (Specify)	1 1 1 1 1	CREMATORY 23d. ADCATION (City or Town	(County) (State)
24. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGI	STRAR'S SIGNATURE
Of n Mouman	Hantsvelle.	The DATE AUG 11 1866	flares Judge

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

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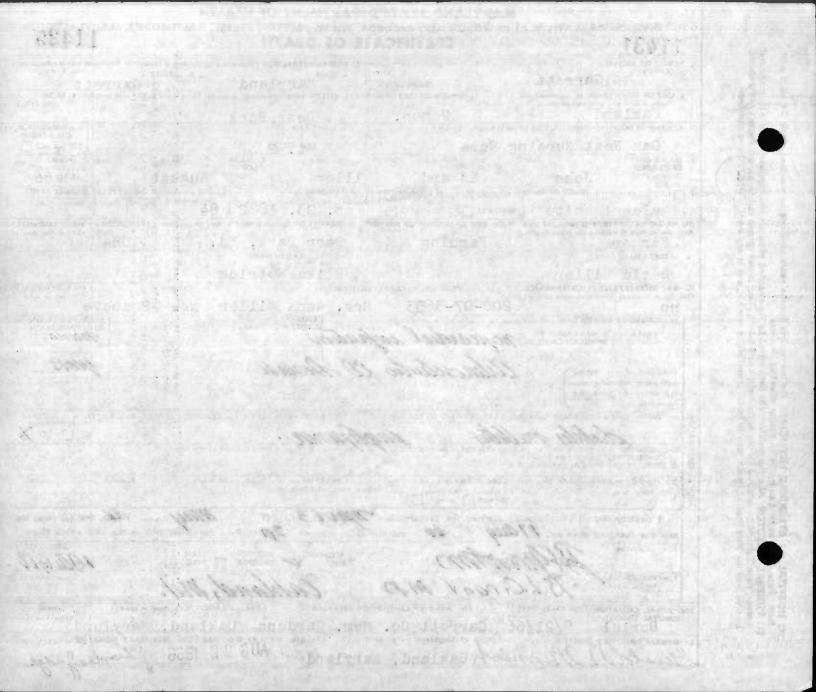
The law requires that the death certificate be executed

VR AtS 15M 7-62

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11431

	PLACE OF DEATH					2. USUAL RESID	ENCE (When			sidence be	fore ad	dmission)
100	a. coom.	Garrett		MARYLAI	QV.	a. STATE Mar	vland	b. COU	~	rett		
	b. CITY OR TOWN (in	outside corporate limits	, c.	LENGTH OF STAY IN	116		A	corporate limits, writ				n)
	Oalt lar	give nearest town)	H. W. T.	2 mos.		Doo	r Parl	y-		17	- 1	
-		AL OR INSTITUTION (if	not in hospita			d. STREET ADDRE					0	SIDENCE
1		st Nursin				DA	0			V	ON A	FARM?
3.	NAME OF	First	IR TOM	Middle		Last	4. DAT	E Mont	h	Day	Yeer	110
	DECEASED (Type or print)		177		TA/E	477.000	OF DEA			_		cc
	SEX	John		dward		iller	1 220	19. AGE (In years		8,	19	
3.		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED			2000	last birthday)		ys Ho		Min.
	Male	White	WIDOWED [Feb. 23,		84 уп.				
		ON (Give kind of work king fife, even if retired		OF BUSINESS OR INC	USTRY	11. BIRTHPLACE (C	County & State	, or foreign country	12. CITIZI	EN OF WI	HAT CC	DUNTRY?
	Farmer			rming		Deer P	ark, !	id.	US.	A		
13.	FATHER'S NAME					14. MOTHER'S MAID	DEN NAME					
	David N	iller				Eliza	Hetri	ck				
		R IN U.S. ARMED FORCE		CIAL SECURITY NO.	17. IN			Addres	5			- 1
(Ye	no, or unkown) (If	yes give war or dates of se	200-(77-3653	M	rs. Anna	Mille	or gee	#2 ab	OVE		
		EATH [Enter only one of	causa per line	for (a), (b), and (c).)		i b • i i i i i i		51 500	./ 2 00	INTERVA	AL BETY	WEEN
		WAS CAUSED BY:	100.110	redial.	ech	uction				ONSET		
	11000	MMEDIATE CAUSE (a)_	myu	unuar n	myce	uuen			-	.//	,,,,,,	
77	7201	DUE TO	n.l.			20 Dere	2000			1111	211	
	Conditions, if any geverise to immedia	(-/_	Lulle	escuma	1	U / susa	use.			1		
-0	(e), stating the us	DHE TO										
	cause last.	(c)_										
No.	PART II. OTHER	SIGNIFICANT CONDITI	IONS CONTRI	BUTING TO DEATH BU	TON TO	RELATED TO THE TER	RMINAL DISEA	SE CONDITION GIV	VEN IN PART 1	(a) 19. W	AS AL	UTOPSY EMED?
E.	1	akely me	Milles	h	ason)	(suma				YES		10 🔀
CERTIFICATION		AS UNDERLYING	20b. DESCRI	BE HOW INJURY OCC	LIRED.	Inter nature of injury	in Part t or Pa	ort II of item 18.)				
CER		MEDICAL EXAMINER										
7	20c. TIME OF INJU	RY Month, Day, Year	20d. INJ	URY OCCURRED 200		E OF INJURY (Home,		City or town)	(Count	у)	(5	State)
MEDICAL	Hour a.m.		While at work	Not While	factor	y, street, office bldg.,	etc.)					
X	p.m.	19			-	2001/17		Man	10/		(1) (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		nat (I) (this hospita	1 41	1 .			-					
1		ed alive on	ung	194, and	that d	eath occurred at	601.M, fr	om the causes	and on the	date st		
	22a. SIGNATURE	138/1	1. A.	200		ATTENDING	MED.	STAFF			22b.	DATE
1		BYTHO	WOVI.		M.D		DIRECTOR	PHYS.		14	all	964
	22c. PHYSICIAN'S NAME (Type)	B. L.C	Gnai	I M.K	7.	22d. ADDRESS	plan.	N. m/1				
_	L			3c. NAME OF CEME		COSMATORY	1224	OCATION (City, to			(Sta	4-1
23	REMOVAL (Specify)	ON, 23b. DATE THERE									(318	110)
_	Burial		6 Ga	rrett Co	· M			Dakland,				
24	FUNERAL DIRECTOR	'S SIGNATURE	. /	ADDRESS		2Sa.	ALLC	GISTRAR 256. RE				
	Junkell 1	1 Minn	uch	Oakland.	Ma	rylandpate	7100	2 2 1956	Jelia	reles	Jus	40



MARYLAND STATE DEPARTMENT OF HEALTH

a. CDUNTY			11.0 DV	a. STATE	(Where deceased lived, if institution b. CO	UNTY	- 1
	Sarrett N (If autside carparate limits	· · · · · · · · · · · · · · · · · · ·	MARYL c. LENGTH OF STAY IN		Ware outside carparate limits, write R	New Cast	t tawn)
write RURAL	and give nearest town) Oakland	,	1 hour		al Wilmington	Jane and give neares	46-3
	PITAL OR INSTITUTION (If no	at in haspital, g		d. STREET ADDRESS	4 11 THILLIE OUT		. IS RESIDENCE
(Garrett Co. 1	Memorai	ll Hospital	102 10	E West Edinbu	rgh Dr.	ON A FARM? YES NO 🔽
3. NAME OF DECEASED (Type ar print)	• • • • • • • • • • • • • • • • • • • •	garet	Middle Ann	Rogers	4. DATE MOI OF August		Year 19 66
s. sex Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR Manths Days	Haurs Min.
10a. USUAL DCCUPAT during mast of warki	ION (Give kind af work done ing life, even if retired) K CLerk	IN IN	IND OF BUSINESS OR HOUSTRY	11. BIRTHPLACE (Sta	te ar fareign country)	12. CITIZEN OF COUNTRY?	WHAT
13. FATHER'S NAME				14. MOTHER'S MAIDER			
	k E. Fox			Ruby	M. Lindsey		
 WAS DECEASED (Yes, no, ar unknow) 	EVER IN U.S. ARMED FORCES? n) (If yes give war or dates a	of service)	SOCIAL SECURITY NO.	17. INFORMANT		lress	
no		2	232-48-6434	Arden L. Roge	ers see #2 abo	ove	
1B. CAUSE OF	DEATH (Enter anly one cau DEATH WAS CAUSED BY:						RVAL BETWEEN ET AND DEATH
7	IMMEDIATE CAUSE	(a) Snock	ζ			1 ne	our
2/1	nue.						
Canditions if o	DUE	Homor				1 he	our
rise ta immed	ony, which gave iate cause (a),	(b) Hemor	rrhage			1 h	our
rise to immed stating the un	ony, which gave) intercause (a), DUE	(b) Hemox	rrhage	, left arm, pe	lvis and right		
rise to immed stating the un last.	ony, which gave intercourse (a), derlying couse	Hemor (c) Fract	rrhage tured skull	, left arm, pe		femurl he	our WAS AUTOPSY
rise to immed stating the un last.	ony, which gave intercourse (a), derlying couse	Hemor (c) Fract	rrhage tured skull	, left arm, pe		femurl he	our
rise to immed stating the unlast.	DUE ony, which gave inte cause (a), derlying couse SIGNIFICANT CONDITIONS CO	(c) Fract ONTRIBUTING 1	tured skull TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE C URRED. (Enter nature of injury i	ONDITION GIVEN IN PART 1(a) n Part I or Part II of item 1B.)	femurl he	OUT WAS AUTOPSY PERFORMED? S NO
rise to immed stating the un lost.	DUE only, which gave intercause (a), derlying couse SIGNIFICANT CONDITIONS CONTRIBUTING:	(c) Fract ONTRIBUTING 1	tured skull TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(a) n Part I or Part II of item 1B.)	femurl he	OUT WAS AUTOPSY PERFORMED? S NO
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TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department of

Health ar its designated agent, priar to burial, crematian, ar remaval, and in any event within 72 hours afterde

necessary, please execute the certificate, writing the ward "pending" in pencil in fem 18. Give Pages 1, 2, and 3 ta

the funeral directar. Page 4 shauld be farwarded ta the Chief Medical Examiner

This certificate shauld be executed within 24 haurs after death. If

TO DEPUTY MEDICAL EXAMINER:

FOR STATE
HEALTH DEPL

P.M.3. Page

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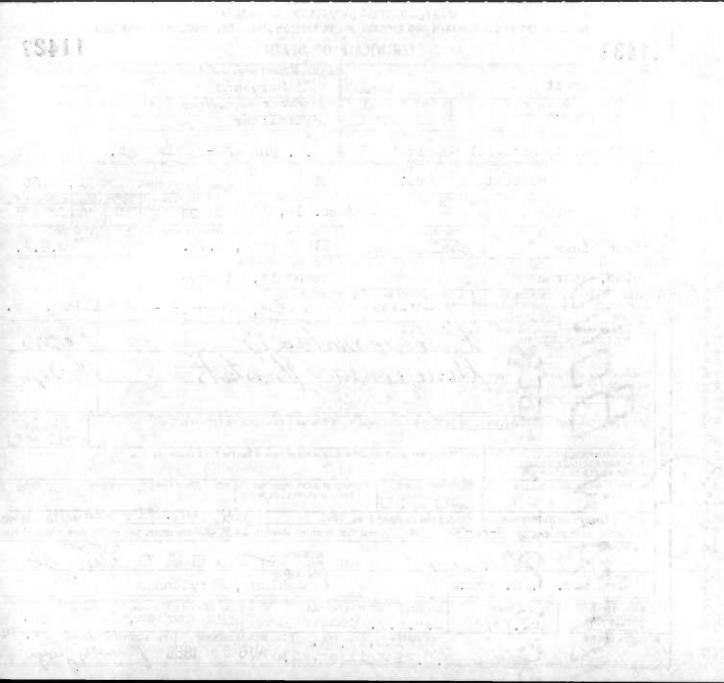
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1		1433		CERTIFICATE	OF DEATH		11441	
1)		PLACE OF DEATH		MARYLAND	2. USUAL RESIDENCE (W		ian: Residence before admission) NTY Garrett	
		o. CITY OR TOWN (If outside corpo write RURAL and give negrest	rate limits, tawn)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	tside corparate limits, write RUF	RAL and give nearest town)	V
5		H. NAME OF HOSPITAL OR INSTITUT		ive street address)	d. STREET ADDRESS	406-Spring	e. IS RESIDENC ON A FARM	?
	3.	NAME OF	First	Middle Lewis	lost Sims	4. DATE Mont OF DEATH AUGUST	h Day Year	
	S. :		RACE 7. MARRIED	NEVER MARRIED E	DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24	
	10a dyri	USUAL OCCUPATION (Give kind of v na most of working life, even if retired the contract of the	vork done 10b. KII	ND OF BUSINESS OR DUSTRY Mines	11. BIRTHPLACE (County & Elk Garder	& State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A	
Sin.		FATHER'S NAME Sims, George	WIRST COM		14. Mother's Maiden N		42 1	
I	S. Ye	WAS DECEASED EVER IN U.S. ARMED s, na, ar unknawn) (If yes give war NO	FORCES? 16. S ar dates of service) 2	17-01-1303 EV	elyn Sims,	Addre daughter -K	itzmiller, M	d
		1B. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIA	N RV.	(A), (b), and (c).)	alaxi		INTERVAL BETWEE	N H
		Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last.	DUE TO	ranama	fra	tals	1/2-291	2
0	ATION	PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO	
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING E OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMI	ATH	SCRIBE HOW INJURY OCCURRED. (Enter noture of injury in P	art I ar Part II af item 18.)		
	MEDICAL	20c. TIME OF INJURY Manth, Do Hour a.m. p.m.	19 While at wark	Nat While facto	E OF INJURY (Home, farm, ry, street, office bldg., etc.)		(Caunty) (State	
			this haspital) attender an 0-22-66	ded the deceased fram	death accurred at	1:30 RM, fram causes	$\frac{2}{1}$, 19 $\frac{66}{6}$, that (I) (we) and an the date stated at	la oav
		22c. PHYSICIAN'S	Man	C M.D	22d ADDRESS	MED. STAFF DIRECTOR PHYS.	23 Cus 66	
1	230	DEMONIAL IC 15 1	DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	d, Maryland 23d. LOCATION (City or Tov Elk Garder	wn) (County) 1 (Stote))
0	24	Burial A	ug.25/66	Brenne, W.	VA 2So. REC'D	BY REGISTRAR 2Sb. RE	GISTRAR'S SIGNATURE	V

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21

CERTIFICATE OF DEATH

11428	

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Day

12. CITIZEN OF WHAT

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WAS AUTOPSY PERFORMED?

(State)

(Stote)

COUNTRY?

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11434 death be executed within 24 hours ofter death. by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY Garrett Maryl and MARYIAND completely filled in by the fur love carbon popers. Pages 1 y event, within 72 hours ofter c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 b. CITY OR TOWN (If autside corporate limits. write RURAL and give neorest town) Sang Run DOA Oakland d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Garrett County Memorial Hospital Middle 4. DATE 3. NAME OF Last DECEASED VERNON DEATH August RALPH SPIKE (Type or print) 9. AGE (In years 6. COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED los birthday) White April Male WIDOWED DIVORCED in any and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during most of working life even if retired) INDUSTRY Building ottending physicion permit. Then please oud Garrett Co... SAN certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal, Walter Scott Martha Ellen Lewis Spiker 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. requires that the death (Yes, no, or unknawn) (If yes give war ar dates af service) 0 5-07-9300 Mrs. Ruth F. Spiker. cremotion, 1B. CAUSE OF DEATH (Enter only one cause per line for 10), burial-transit purial, cremoti PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by ottending physicion. DUE TO Canditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) CERTIFICATION by the hospitol or O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year (City ar town) factory, street, affice blda., etc.) Haur o.m. Nat While at wark at wark 21. I certify that (1) (this haspital) of the deceased from be retoined 0 ond that deoth occurred of 12 costs and an the dote stated obove sow the deceosed alive an_ 22a. SIGNATURE STAFF PHYS. DIRECTOR M.D. r, page 3 be filed 22d. ADDRESS 22c. PHYSICIAN'S TO HOSPITAL Poge 4 may b NAME (Type) E. Mance. M.D. Oak land. Maryland director, should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23a. BURIAL, CREMATION Pentacostal Church Cem. Sang Run. 2So. REC'D BY REGISTRAR Oakland Md. Funena

e. IS RESIDENCE ON A FARM? NO DO YES

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2Sb. REGISTRAR'S SIGNATURE

(County)

(Caunty)

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 1435 funeral 1 and 2 ter death: PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY MARYLAND after GARRETT MARYLAND GARRETT b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) filled in by the papers. Poge hin 72 hours a write RURAL and give nearest tawn) executed within 24 hours OAKLAND 9 days OAKLAND. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? in any event, within 72 GARRETT COUNTY MEMORIAL HOSPITAL YES NO T 3. NAME OF Middle 4. DATE Month remove corban Last DECEASED (Type or print) THOMPSON DEATH AUGUST ELTZA RETH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Hours Davs WIDOWED DIVORCED APR. 2. 1906 WHITE 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be COUNTRY? during mast af warking life, even if retired) INDUSTRY NURSING WEST VIRGINIA NURSE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY STEWART MONTGOMERY or rem 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (HUSBAND) (Yes, no. ar unknown) (If yes give wor or dates af service OAKLAND, MARYLAND THOMPSON 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUF TO Canditians, if any, which gove rise to immediate cause (a), DUF TO stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO/THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, TO FUNERAL DIRECTOR: After this 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (State) Hour a.m. factory, street, affice blda., etc.) Nat While 21. I certify that (1) (this hospital) attended the deceased fram. 1966, that (1) (we) last 19 66, and that death accurred et 55 P M, from causes and on the date stated above saw the deceased alive an AIIC 27. 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) OAK STREET MARYLAND LEIGHTON. M.D. OAKLAND. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. REMOVAL (Specify) Garrett Co. Mem. Gardens Oakland. Maryland

24.4 FUNERAL DIRECTOR

ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Maryland DATES Oakland.

The second secon Committee Commit The same of the sa

Funds, results and forces and a second

FOR STATE HEALTH DEPT.

cessary, the funeral 5 may be artment death. TO DEPUTY MEIO EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Difficial long with form PM3. Page

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	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit Eiler pages 1 and 2 with the State Depa of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after	
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_1	1436	N	/EDICAL	EXAMINER'S	CERTIFICAT	E OF DEATH	1143	10
1.	PLACE OF DEATH				a CTATE	h 30	institution: Residence before admi-	ission)
		Garrett		MARYLAND	Ma	ryland	Garrett	
	b. CITY OR TOW	(if outside corpor	ate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits,	write RURAL and give nearest t	town)
	Rural -	Swan ton	1	20 yrs	Rural -	Swanton	1/-/	
	d. NAME OF HOS	PITAL OR INSTITUT	ION (if not In ho	ospital, give street address	d. STREET ADDRESS		e. IS RESID	
	Route	#1			Route	#1,	YES NO	10 A
1	NAME OF DECEASED (Type or print)	LOYA		Middle MALCOLM	Last WARNICK	DEATH Augus	nth Day Year 3t 7. 1960	
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	rs IF UNDER 1 YEAR IF UNDER 24	
	Male	White	WIDOWED		Mar. 22, 1	911 55 yrs.		Min.
duri	USUAL OCCUPAT ng most of worki	ION (Give kind of wor ng life, even if retir	red) 10b. K	IND OF BUSINESS OR VOUSTRY		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
			So	IT COAL	Garrett C		USA	
13.	FATHER'S NAM				14. MOTHER'S MAIL	DEN NAME		
	Harry	Warnick			Anna	Bray		
		VER IN U.S. ARMEDI		SOCIAL SECURITY NO. 17.	INFORMANT	Add	ress (Widow)	
(10)	Yes	(If yes give war or date:	232	-26-0298HA	Mrs. Lova	l Warnick.	Rt. #1. Swan	tor
_	18. CAUSE OF I	FATH (Enter only o		ine for (a), (b), and (c).]			INTERVAL BETW	
		ATH WAS CAUSED E	Y: Maro	cardial inf	anction		ONSET AND DEA	ATH
	1/2	IMMEDIATE CAUS	E (a) 11,40	cardial IIII	arcoron		Hours	_
	4201		E TO					
	Conditions, If a		(b) APU	eriosclerot	ic cardior	ascular di	sease Years	
	cause (a), st		E TO					
	underlying caus	The state of the s	(c)					
MEDICAL CERTIFICATION	PART II. OTHER S	IGNIFICANT CONDIT	TIONS CONTRIBU	ITING TO DEATH BUT NOT REI	ATED TO THE TERMINAL (DISEASE CONDITION GIVEN	PERFORME	
III.	20a. EXTERNAL	CAUSE WAS	20b. [DESCRIBE HOW INJURY OCC	URRED. (Enter nuture of	f Injury In Part I or Part I	l of Item 18.)	
2	CAUSE OF DEAT	CONTRIBUTING						
AL C	and the second	NJURY Month, Day	. Year 20d. I	NJURY OCCURRED 2De. PL	ACE OF INJURY (Home, fa	arm. 2Df. (City or town)	(County) (Stat	ite)
DIC	Hour a.m	1.	While	Not While fact	ory, street, office bldg., e	tc.)		
M	p.n		9 at work		ald an Autonou	Inspection K., In	quiry* , and in my opi	inion
	//			ains described above, h				millon
	death result	ed from: Natur	al causes 🖺	, Accident, S	ricide , Homici		ed manner	
	ACTUAL X			- / /	CHIEF MEDICA		22. DATE SIG	CHER
-	SIGNATURE	w ol-	sent	- Ji hand	M.D. ASSISTANT ME			
1	EXAMINER'S	Compan II	Was a de-	Too 36		AL EXAMINER	8-7-6	00
	NAME (Type)			r, Jr., M.			Dakland, Md.	
23a.	BURIAL, CREM REMOVAL (Spe	ATION, 23b. DATE	THEREOF	23c. NAME OF CEMETER	RY OR CREMATORY	23d. LOCATION (City,	town or county) (State	e)
	Burial	8/10	16,6 1:	Turner Cem.		Rt1. Swant	on. Md.	
24.	FUNERAL DIRE	CTORDurst	Col	ADDRESS	25a. RE	C'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE	
		n-Durst	Funera	l Home Oak	land Maye	AUG 9 1966	Milarley Jud	1 - 0

11811 A STREET HOLDER - Transfer tong of the Program - True mar. 22, 1911 5 .Did., ou thousand fact the Scilled Tream Problem (0 33 Care Se-0290MA Pro. Logol New Tic. 13. 41, Street noit that it fable to be a fable to be Empired (/10/14 Property Est.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 431 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11437 FOR STATE HEALTH DEPI 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o STATE o. COUNTY h COLINTY 2, and 3 to PM3. Page death Marvland Garrett MARYLAND Garrett Deportment c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) after Oakland 3 hrs. 12 min. Oakland (Rural) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS xon iner's Office olong with form ON A FARM? event within 72 hours Garrett County Memorial Hospital NO F Rt. 1. Box 107 YES ote 24 hours after deoth. 3. NAME OF Middle DATE Month Inst First Year DECEASED 0F (Type or print) DEATH Elsworth Lerov White August with 1 AGE (In veors IF UNDER I YEAR S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7 MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours Male White WIDOWED DIVORCED -26-1879 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Farming Oakland. Maryland ony Farmer USA 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate should be executed within Franklin White Sarah Russell and 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address or removal, forworded to the Chief Medica George White 219-01-7847 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cereberal vascualr accident IMMEDIATE CAUSE (o) cremotion, DUE TO Conditions, if ony, which gove Arteriosclerosis, generalized Years rise to immediate couse (o). DUE TO stoting the underlying couse 0 buriol, o 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO please execute the certificate, 0 pe Poge 4 should be 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) its designated agent, prior PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection x Inquiry 1 and in my apinian the funeral director. Natural couses X Accident Suicide Undetermined manner death resulted fram: Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 8-28-1966 Heolth or EXAMINER'S Address (Street, city, town, or county) Oakland. NAME (Type) James H. Feaster. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23o. BURIAL, CREMATION, 0 REMOVAL (Specify) House Luth. Co. led Cem. Garrett Maryland 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Oakland, Maryland DATE SEP